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EFFECTS OF MINUTE DOSES OF MERCURY IN RESTORING THE VITAL FUNCTIONS.

A LATE number of the London Medical Gazette contains a long, and very interesting and instructive essay, by Dr. A. P. W. Philip, on the subject mentioned above. Dr. P. gives a minute but general exposition of the modus operandi of mercury and its different preparations, of the comparative advantages of its various modes of administration, of the cases to which minute and frequently repeated doses are adapted, and the circumstances to be attended to in their employment. We omit those parts of the paper which will be least important to the reader in a practical view, and offer below his remarks on the modus operandi of this remedy, given in the manner recommended, in chronic diseases.

I had occasion to observe, in speaking of Mr. Abernethy's plan of exhibiting mercury in diseases of continuance, that when it fails there is another which is often successful. This consists simply in greatly lessening the dose, and in the same proportion increasing its frequency.

The benefit derived from this change depends on the most fundamental laws of our frame. All agents, capable of affecting the living animal body, act both as stimulant and sedative, according to the quantities employed; and we call them by one or other of these names, according as they are best fitted to produce the one or other effect.

Spirit of wine we call a stimulant, because in all moderate quantities it produces the stimulant effect; but there is a quantity of it, as appeared in the riots of Lord George Gordon, when many of the mob took draughts of spirit of wine, mistaking it for common gin, which produced instant death without any degree of previous excitement. Digitalis we call a sedative, because in ordinary doses it acts as such; but it appears, from very accurate experiments, that in extremely minute doses it acts as a stimulant.

Mercury is one of those agents in which the stimulant and sedative effects are so nearly balanced, that neither predominates so much as to obtain for it either appellation; but it observes the same law as all other agents capable of affecting the living animal body. In small or moderate doses, the stimulant effect prevails; in excessive doses, the sedative; and the repetition of even moderate doses, unless at very distant intervals, seldom fails at length to produce more or less of the latter. Is

there a dose, then, so small as to produce little or no sedative effect, and yet capable of the stimulant effect on which we have reason to believe the beneficial tendency of this medicine always depends? Is there a dose in which, in most constitutions, the sedative effect either does not take place, or takes place so slowly that the cure may be far advanced before the patient begins to experience any degree of it?

The result of my experience is, that there is such a dose.

With respect to its amount, it varies from half a grain of blue pill, the largest dose I almost ever employ with a view to the alterative effect, to the eighth part of a grain, the smallest dose from which, in general, much good can arise, though there are cases, in particular constitutions, in which I believe much smaller doses than even this will be found beneficial, and the interval at which the dose has been given is from six to eight hours. By these doses, given at such intervals, we can in most constitutions, and for a considerable length of time, in some for an unlimited time, obtain the stimulant without the sedative effect of the medicine, which is the great object in the employment of mercury. We thus, as far as the particular constitution is capable of it, secure the whole of its beneficial, without any degree of its injurious, effect.

As soon as the latter is perceived, it must either be obviated, or the medicine laid aside; for nothing will compensate for the sedative effect of this medicine, whether produced by large or small doses. It is as certainly injurious as the disease, but, as in the case of the medicine, it is always in our power to remove the offending cause; in the hands of a prudent practitioner, we have the chance of benefit without the risk of injury, unless the certainly fatal nature of the disease makes it advisable to risk, to a certain extent, the sedative effect of the only means of cure.

With respect to the minute and frequently repeated doses, I would say without hesitation, and from ample experience, that in all cases, except where the great discharges, or other rapid effects this medicine is capable of producing, are required, they are not only the safest, but the most effectual, mode of exhibiting it. Their operation appears to be that of a gentle but constant stimulant, exciting to due action the various organs of assimilation, and particularly the liver. The following case is strikingly illustrative of their power in producing the peculiar effects of the medicine, and I could add many others of a similar nature:—

A lady came from a great distance to London, for the purpose, she said, of being salivated, which she had been told would cure her of a bilious complaint, under which she had labored for many years. For this purpose she had taken in vain, in the country, very large doses of mercury, much beyond the largest usually given in this climate. I saw no occasion for salivation, but directed her, with other means, half a grain of blue pill three times a day. Her case did not require frequent visits, and not being then so well acquainted with the effects of the plan, I thought, as the mouth had resisted such doses, that no precautions respecting it were necessary, when, at one of my visits, after she had taken the medicine for about a fortnight, I found her in a state of severe salivation; the whole of the face was swelled, and she was for a considerable time confined to bed. At no great distance of time she left London

well, and I learned from her sister, who two years afterwards was placed under my care, that she remained so.

It is not difficult to perceive the principle on which the minute doses are so powerful. From their little aperient tendency, they readily enter the system, and, from the little irritation and excitement they occasion, they are not apt to be thrown off by it. Such cases as the preceding, and I could mention many, in which a certain affection of the mouth arose from even smaller quantities, which, had they been continued, would soon have produced the same effect as in the preceding case, prove that the peculiar effects of mercury may be obtained in any degree we please, by small doses. What, then, can be the motive for employing larger ones, unless, either from the nature of the symptoms, or the urgency of the case, the more active effects of the medicine, or the more rapid impregnation of the system, be required; or, as happens in certain diseases, the powers of the absorbing vessels are so impaired, that minute doses are no longer capable of exciting them, and therefore cannot enter the system?

The cause of minute doses sometimes producing an effect on the gums, when larger doses fail, arises from the latter being so much more powerful in exciting the excretories, by which, in certain constitutions, they are often thrown off as fast as they are taken, and thus little impression is made, either on the mouth or the disease. It is to the thorough manner in which the minute doses are received into, and retained in, the system, and the general, steady, and gentle impression they make, that they owe an efficacy which surprises those who have not been accustomed to see their effects.

Such doses, of course, have little effect in suddenly emulging the biliary ducts, and thus discharging collections of vitiated bile; and, until they succeed in restoring the due action of the liver, which in general requires some time, the collections are in many cases more or less apt to form under their use, and occasionally to require the operation of a more active mercurial, the necessity for which is different in different cases, according to the tendency to such accumulations. Where there is no tendency of this kind, the active dose is unnecessary, and its frequent repetition is seldom proper. Calomel, we have seen, generally answers the purpose of the larger dose better than the blue pill, although, in the more obstinate cases, I have sometimes found a combination of the plan I am now describing, and that of Mr. Abernethy, the most successful.

THE CHOLERA IN PARIS.

THE following account, which is, no doubt, a correct one, is from the pen of Mr. N. P. Willis, of this city, now in Paris. It composes the latest of those epistles published and publishing in the New York Mirror, under the head of "First Impressions of Europe;" and, as it was written by an intelligent, although not a medical, observer of the epidemic lately so rife in the French metropolis, it is recommended to the attention and implicit credit of the reader.

You see by the papers, I presume, the official accounts of the cholera in Paris. It seems very terrible to you, no doubt, at your distance from the scene, and truly it is terrible enough, if one could realize it, any where; but many here do not trouble themselves about it, and you might be in this metropolis a month, and if you observed the people only, and frequented only the places of amusement and the public promenades, you might never suspect its existence. The weather is June-like, deliciously warm and bright; the trees are just in the tender green of the new buds, and the public gardens are thronged all day with thousands of the gay and idle, sitting under the trees in groups, laughing and amusing themselves, as if there was no plague in the air, though hundreds die every day. The churches are all hung in black; there is a constant succession of funerals, and you cross the biers and hand-barrows of the sick, hurrying to the hospitals, at every turn, in every quarter of the city. It is very hard to realize such things, and, it would seem, very hard even to treat them seriously. I was at a masque ball, at the *Theatre des Varietes*, a night or two since, at the celebration of the *Mi Careme*, or half-lent. There were some two thousand people, I should think, in fancy dresses, most of them grotesque and satirical, and the ball was kept up till seven in the morning, with all the extravagant gaiety, noise and fun, with which the French people manage such matters. There was a *cholera-waltz*, and a *cholera-galopade*, and one man, immensely tall, dressed as a personification of the *Cholera* itself, with skeleton armor, bloodshot eyes, and other horrible appurtenances of a walking pestilence. It was the burden of all the jokes, and all the cries of the hawkers, and all the conversation; and yet probably nineteen out of twenty of those present lived in the quarters most ravaged by the disease, and many of them had seen it face to face, and knew perfectly its deadly character!

As yet, with few exceptions, the higher classes of society have escaped. It seems to depend very much on the manner in which people live, and the poor have been struck in every quarter, often at the very next door to luxury. A friend told me this morning that the porter of a large and fashionable hotel in which he lived had been taken to the hospital; and there have been one or two cases in the airy quarter of St. Germain, in the same street with Mr. Cooper, and nearly opposite. Several physicians and medical students have died too, but the majority of these live with the narrowest economy, and in the parts of the city the most liable to impure effluvia. The balls go on still in the gay world, and I presume they *would* go on if there were only musicians enough left to make an orchestra, or fashionists to compose a quadrille. I was walking home very late from a party the night before last, with a captain in the English army. The gray of the morning was just stealing into the sky; and, after stopping a moment in the *Place Vendome*, to look at the column, stretching up apparently unto the very stars, we bade good morning, and parted. He had hardly left me, he said, when he heard a frightful scream from one of the houses in the *Rue St. Honoré*, and, thinking there might be some violence going on, he rang at the gate and entered, mounting the first staircase that presented. A woman had just opened a door, and fallen on the broad stair at the top, and was writhing in great agony. The people of the house collected immediately; but,

the moment my friend pronounced the word cholera, there was a general dispersion, and he was left alone with the patient. He took her in his arms, and carried her to a coach-stand without assistance, and, driving to the *Hotel Dieu*, left her with the *Sœurs de Charité*. She has since died.

As if one plague was not enough, the city is still alive, in the distant fauxbourgs, with revolts. Last night, the *rappel* was beat all over the town, the national guard called to arms, and marched to the *Porte St. Denis*, and the different quarters where the mobs were collected.

Many suppose there is no cholera except such as is produced by poison, and the *Hotel Dieu* and the other hospitals are besieged daily by the infuriated mob, who swear vengeance against the government for all the mortality they witness.

I have just returned from a visit to the *Hotel Dieu*, the hospital for the cholera. Impelled by a powerful motive, which it is not now necessary to explain, I had previously made several attempts to gain admission in vain; but yesterday I fell in fortunately with an English physician, who told me I could pass with a doctor's diploma, which he offered to borrow for me of some medical friend.

It was like one of our loveliest mornings in June—an inspiring, sunny, balmy day, all softness and beauty—and we crossed the Tuileries by one of its superb avenues, and kept down the bank of the river to the island. With the errand on which we were bound in our minds, it was impossible not to be struck very forcibly with our own exquisite enjoyment of life. I am sure I never felt my veins fuller of the pleasure of health and motion, and I never saw a day when everything about me seemed better worth living for. The splendid palace of the Louvre, with its long *façade* of nearly half a mile, lay in the mellowest sunshine on our left; the lively river, covered with boats, and spanned with its magnificent and crowded bridges, on our right; the view of the island, with its massive old structures below, and the fine gray towers of the church of *Notre Dame* rising, dark and gloomy, in the distance, rendered it difficult to realize anything but life and pleasure. That under those very towers, which added so much to the beauty of the scene, there lay a thousand and more of poor wretches, dying of a plague, was a thought my mind could not retain a moment.

Half an hour's walk brought us to the *Place Notre Dame*, on one side of which, next this celebrated church, stands the hospital. My friend entered, leaving me to wait till he had found an acquaintance of whom he could borrow a diploma. A hearse was standing at the door of the church, and I went in for a moment. A few mourners, with the appearance of extreme poverty, were kneeling round a coffin at one of the side altars, and a solitary priest, with an attendant boy, was mumbling the prayers for the dead. As I came out, another hearse drove up, with a rough coffin, scantily covered with a pall, and followed by one poor old man. They hurried in, and I strolled around the square. Fifteen or twenty water-carriers were filling their buckets at the fountain opposite, singing and laughing, and at the same moment four different litters crossed towards the hospital, each with its two or three followers, women and children, friends or relatives of the sick, accompanying them to the door,

where they parted from them, most probably forever. The litters were set down a moment before ascending the steps; the crowd pressed around and lifted the coarse curtains; farewells were exchanged, and the sick alone passed in. I did not see any great demonstration of feeling in the particular cases that were before me; but I can conceive, in the almost deadly certainty of this disease, that these hasty partings at the door of the hospital might often be scenes of unsurpassed suffering and distress.

I waited perhaps ten minutes more. In the whole time that I had been there, twelve litters, bearing the sick, had entered the *Hotel Dieu*. As I exhibited the borrowed diploma, the thirteenth arrived, and with it a young man, whose violent and uncontrolled grief worked so far on the soldier at the door, that he allowed him to pass. I followed the bearers to the ward, interested exceedingly to observe the first treatment and manner of reception. They wound slowly up the stone staircase to the upper story, and entered the female department—a long low room, containing nearly a hundred beds, placed in alleys scarce two feet from each other. Nearly all were occupied, and those which were empty my friend told me were vacated by deaths yesterday. They set down the litter by the side of a narrow cot, with coarse but clean sheets, and a *Sœur de Charité*, with a white cap, and a cross at her girdle, came and took off the canopy. A young woman, of apparently five and twenty, was beneath, absolutely convulsed with agony. Her eyes were started from the sockets, her mouth foamed, and her face was of a frightful, livid purple. I never saw so horrible a sight. She had been taken in perfect health only three hours before, but her features looked to me marked with a year of pain. The first attempt to lift her produced violent vomiting, and I thought she must die instantly. They covered her up in bed, and, leaving the man who came with her hanging over her with the moan of one deprived of his senses, they went to receive others, who were entering in the same manner. I inquired of my companion how soon she would be attended to. He said, "Possibly in an hour, as the physician was just commencing his rounds." An hour after this I passed the bed of this poor woman, and she had not yet been visited. Her husband answered my question with a choking voice and a flood of tears.

I passed down the ward, and found nineteen or twenty in the last agonies of death. They lay perfectly still, and seemed benumbed. I felt the limbs of several, and found them quite cold. The stomach only had a little warmth. Now and then a half groan escaped those who seemed the strongest; but, with the exception of the universally open mouth and upturned ghastly eye, there were no signs of much suffering. I found two, who must have been dead half an hour, undiscovered by the attendants. One of them was an old woman, nearly gray, with a very bad expression of face, who was perfectly cold—lips, limbs, body and all. The other was younger, and looked as if she had died in pain. Her eyes appeared as if they had been forced half out of the sockets, and her skin was of the most livid and deathly purple. The woman in the next bed told me she had died since the *Sœur de Charité* had been there. It is horrible to think how these poor creatures may suffer in the very midst of the provisions that are made professedly for their relief. I asked why a simple prescription of treatment might not be drawn up

by the physicians, and administered by the numerous medical students who were in Paris, that as few as possible might suffer from delay:—"Because," said my companion, "the chief physicians must do everything *personally*, to study the complaint." And so, I verily believe, more human lives are sacrificed, in waiting for experiments, than ever will be saved by the results. My blood boiled from the beginning to the end of this melancholy visit.

I wandered about alone among the beds, till my heart was sick, and I could bear it no longer, and then rejoined my friend, who was in the train of one of the physicians, making the rounds. One would think a dying person should be treated with kindness. I never saw a rougher, or more heartless manner, than that of the celebrated Dr. ——, at the bedsides of these poor creatures. A harsh question, a rude pulling open of the mouth, to look at the tongue, a sentence or two of unsuppressed commands to the students, on the progress of the disease, and the train passes on. If discouragement and despair are not medicines, I should think the visits of such physicians were of little avail. The wretched sufferers turned away their heads after he had gone, in every instance that I saw, with an expression of visibly increased distress. Several of them refused to answer his questions altogether.

On reaching the bottom of the *Salle St. Monique*, one of the male wards, I heard loud voices and laughter. I had noticed much more groaning and complaining in passing among the men, and the horrible discordance struck me as something infernal. It proceeded from one of the sides to which the patients had been removed who were recovering. The most successful treatment has been found to be *punch*, very strong, with but little acid, and, being permitted to drink as much as they would, they had become partially intoxicated. It was a fiendish sight, positively. They were sitting up, and reaching from one bed to another; and, with their still pallid faces and blue lips, and the hospital dress of white, they looked like so many carousing corpses. I turned away from them in horror.

I was stopped in the door-way by a litter entering with a sick woman. They set her down in the main passage, between the beds, and left her a moment to find a place for her. She seemed to have an interval of pain, and rose up on one hand, and looked about her very earnestly. I followed the direction of her eyes, and could easily imagine her sensations. Twenty or thirty death-like faces were turned towards her from the different beds, and the groans of the dying and the distressed came from every side. She was without a friend whom she knew, sick of a mortal disease, and abandoned to the mercy of those whose kindness is mercenary and habitual, and of course without sympathy or feeling. Was it not enough alone, if she had been far less ill, to embitter the very fountains of life, and kill her with mere fright and horror? She sank down upon the litter again, and drew her shawl over her head. I had seen enough of suffering, and I left the place.

On reaching the lower staircase, my friend proposed to me to look into the *dead room*. We descended to a large, dark apartment, below the street level, lighted by a lamp fixed to the wall. Sixty or seventy bodies lay on the floor, some of them quite uncovered, and some wrap-

ped in mats. I could not see distinctly enough by the dim light to judge of their discoloration. They appeared mostly old and emaciated.

I cannot describe the sensation of relief with which I breathed the free air once more. I had no fear of the cholera, but the suffering and misery I had seen oppressed and half smothered me. Every one who has walked through a hospital will remember how natural it is to subdue the breath, and close the nostrils to the smells of medicine and the close air. The fact, too, that the question of contagion is still disputed, though I fully believe the cholera *not* to be contagious, might have had some effect. My breast heaved, however, as if a weight had risen from my lungs, and I walked home, blessing God for health with undissembled gratitude.

SUCCESSFUL TREATMENT OF CHOLERA.

Mr. Earle has recently favored the profession with an account of sixty cases of cholera successfully treated by calomel and opium in small doses, accompanied by the application of very large sinapisms, and followed by purgatives. From his history of these cases, we should suppose most of them extremely mild, and therefore not decisive of the effects of the practice in such instances as are usually fatal. The following account is said by the London Medical Gazette, from which we extract it, to be from a source which entitles the facts and statements contained in it to implicit confidence.

The following circumstances, relative to the treatment of cholera in the prison at Cold Bath Fields, are of great importance:—

The first twelve cases occurred in the vagrant's ward, and the patients were attacked soon after some prisoners had been admitted from St. Giles's, and other infected districts. The first case that was reported as cholera occurred on the fifth of April. This man was suddenly attacked, and died after a very short illness, with all the symptoms of the prevailing epidemic.

When the first cases occurred, there were in all about twelve hundred persons in the prison; but, up to the beginning of this month, they were not afflicted with bowel complaints, nor, in fact, with any other epidemic disease, being as healthy as they generally are at that season of the year.

The first four cases were treated in the common way, with brandy and opium, an ammoniated mixture, ginger, sinapisms to the region of the stomach, the hot-air bath, &c. &c., and all of them died after a short illness.

Since the 4th of April, up to this date (April 17), forty cases in all have been under treatment. Of this number, nineteen were admitted into the observation ward, with the premonitory symtoms of cholera. All of these had bowel complaints and suspicious ejections; some of them complained of severe pain in the abdomen, sickness of the stomach, and in several cases these symptoms were attended with cramps, chiefly in the lower extremities. The whole of them were immediately treated

by Mr. Wakefield with non-purgative saline remedies, recommended by Dr. Stevens, and in general they were convalescent in one, two, or three days, from the commencement of this practice. From this we may infer, that where the disease is attended to early, and *properly treated*, the state of collapse may be prevented in nineteen cases out of twenty.

We must state, however, that, as the numbers increased, it became necessary to dismiss those that appeared to be least ill, on purpose to make room for others. Of those that were dismissed as convalescent, two were re-admitted soon after in a state of collapse, and though every attempt was made to save them, yet they both died after a very short illness, with the symptoms of cholera in its most virulent form. With the exception, however, of the two that died, none of the cases (seventeen in number) were reported to the Central Board, partly, we believe, from a wish to avoid spreading alarm with respect to the prison, and partly because the disease was checked in the beginning; consequently, the patients had not *all* the symptoms of cholera, such as occur in the worst cases, or in the last stage.

In addition to the above seventeen which were not reported, there were twenty-one cases where the symytoms of cholera were very distinctly marked. Of this number, four of the early cases were treated in the common way, with diffusible stimuli, &c. &c., and all of them died after a short illness. These, with the two cases of relapse from the observation ward, make in all six deaths. Mr. Wakefield, however, having lost all faith in the common treatment, changed the practice; at the request of Dr. Stevens, the other fifteen cases were put under the saline treatment, and all of them recovered.

When the patients were first admitted, the following powder was immediately given, either in half a tumbler of tepid water, or occasionally in a little thin, clear, beef-tea :—

Supercarbonate of Soda, ℥ss.
Muriate of Soda, ℈j.
Chlorate of Potass, grs. vii.

The above was given every hour, and continued until the patients were recovering from the state of collapse, after which it was diminished in frequency, in proportion as the re-action increased.

In all these cases, the outline of the practice was nearly the same, but in several instances the treatment was varied according to circumstances. When the stomach, for example, was extremely irritable, it was found that the carbonate of soda, given by itself, or the tartrate of soda, in a state of effervescence, were the most effective remedies that could be used, on purpose to allay the irritation, so as to enable the stomach to retain the stronger salts.

During the progress of the disease, an enema, with a large table-spoonful of muriate of soda, dissolved in warm water, was administered, with or without sugar, starch, &c., every three or four hours, at as high a temperature as the patients could well bear it. Sinapisms were also applied, as early as possible, to the region of the stomach, betwixt the shoulders, &c.; and, in the cold stage, frictions were also used with warm towels. Of the seventeen cases that were treated in this way, two

died, (namely, the two patients who were re-admitted in a state of complete collapse,) making, in seventeen cases, two deaths and fifteen recoveries. But, including the whole of those that were under the saline treatment, the total amount is, in thirty-six cases, two deaths and thirty-four recoveries.

The cases in question were under the care of Mr. Wakefield, the medical attendant of the establishment, and during his absence they were attended to by Mr. J. Wm. Crooke, who kept notes of the cases, and saw that the medicines were properly administered. We may add, also, that Mr. Wakefield, with a degree of fairness which does him great credit, invited Dr. Stevens to attend along with him, to witness the effect of the saline treatment, which has here, we may say, for the first time, been fairly tried in this disease.

We can also state, that the cholera made its appearance about the same period amongst a small colony of Italians, who live in a narrow lane within a few hundred yards of the prison. Of these, eleven were attacked. The three first cases were treated by bleeding, brandy, and opium, all used at the same time, and they all died. The other eight cases were attended by Mr. Whitmore, a surgeon in the neighborhood, who, having witnessed the effects of the saline treatment in the prison, adopted it. All his patients speedily and completely recovered, except one, who, on the 13th, was so ill that he was not expected to live many hours; even he, however, is now in a state of convalescence. Thus there have been in all fifty-three cases, seven of which were treated in the common way, with diffusible stimuli, and out of this number seven died; while, of the forty-six that were under the saline treatment, there were two deaths and forty-four recoveries.

UNUSUAL DISLOCATION OF HIP JOINT.

Case of Unusual Dislocation of the Hip Joint. By Robert Keate, Surgeon.

I was called into the country, on the 13th February, to see a gentleman who had met with a severe accident, by his horse having fallen backwards with him and upon him, into a deep and narrow lane, where he had remained, as he supposes, for near a quarter of an hour before he was discovered, when he was nearly exhausted by pain and by fruitless exertions in calling aloud for aid. The horse was lying on its back upon him, with his heels struggling in the air; but the gentleman, who is strong and muscular, appears to have retained a firm hold of the bridle, and thus to have kept down the horse's head, and restrained, in some degree, the violent efforts of the animal.

He had been brought home, and was on his bed when I arrived. On examining the limb, I found it unusually elongated—at least from three to three inches and a half. The thigh was much flexed upon the pelvis —the leg as much bent on the thigh The whole limb was carried outward, or apart from the other, more than I had ever observed in any case of luxation. The knee and the foot were much everted—the trochanter

extremely sunk, the soft parts being elevated in a circle around it. I found that the head of the femur was displaced, in a very unusual manner, to a situation inferior to the ischiatic notch, and I felt it lying close to, and on a level with, the tuberosity of the ischium, where it was capable of being freely moved under my fingers.

Without noticing the usual preparations for reducing a luxation, it will be sufficient to say, that in the first attempt the head of the bone was thrown into the foramen ovale. A second extension enabled me to place it *nearly* in its proper position in the acetabulum, but it could not be perfectly replaced; and on gently moving it, and placing my ear on the trochanter, I felt and heard a distinct grating, as if of ruptured cartilage. By drawing the upper part of the femur outwards, (by means of a round towel thrown over my neck,) and pressing the knee sharply inwards, the head of the bone was replaced, with a snap, in the acetabulum; but, even after this, I was able to elongate or pull down the limb, and it was evident to me that this was owing to a portion of the cartilaginous labrum having been broken off during the violence of the accident.

The gentleman was quite aware, and mentioned, after the first step, as I may call it, of the reduction into the foramen ovale, that the head of the bone was not properly replaced; and he stated that the luxation had taken place by the same route, first into the thyroid foramen, and afterwards while struggling in the ditch—from thence downwards to the situation in which I found it. The case has proved very favorable; but there was a severe injury at the same time to the knee, which threatens still to be troublesome.—*Medical Gazette.*

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ACTION OF EMETICS.

[Continued from p. 275.]

5. The next general effect of artificial vomiting, which we shall notice, is that of producing diaphoresis, and a determination of blood to the cutaneous capillaries. The last effect is the more worthy of remark, since it is precisely the reverse of that produced by emetic substances when they fall short of causing actual vomiting. The effect of nausea is shown in the contraction of the extreme vessels, in the shrinking of the skin, and in the coldness and paleness of the surface. On the contrary, free vomiting increases cutaneous action, drives the blood into the capillaries, particularly those of the face, and brings on, in most cases, profuse perspiration. This difference, which is sufficiently remarkable, has been exaggerated by some authors who have made the comparison. Dr. Good, in an ingenious parallel which he draws between the effects of nausea and

vomiting, goes so far as to say, that, while the effect of the former is to depress all the vital powers, the latter tends as constantly to increase their energy. In this general form, the proposition seems to want distinctness and truth; for, were the vital powers actually prostrate, we could hardly, with any rational prospect of success, resort to emetics as a means of restoring them. A practice, founded on some principle like this, is resorted to under certain circumstances, and, as we apprehend, with very questionable benefit. Thus it is not uncommon to administer an emetic to persons under the influence of that peculiar exhaustion which arises from the use of cold water when the body is heated, and this not with the purpose of removing any offending cause, but with that of exciting some action in the system, and thus giving, as it were, a new impulse to the vital operations. What success may have attended this treatment in the hands of others, we know not; we have ourselves found it as useless in practice as it appeared to us unphilosophical in theory. The distinction, however, between the effect of nausea and that of actual vomiting, though perfectly obvious, is less important in practice than might at first seem; for the violent cutaneous action, of which we have spoken, is necessarily of short duration; and the diaphoresis, which is the more permanent, and therefore the more important, effect, may be maintained effectually by nauseant doses, when a state of active perspiration has once been excited by full and free vomiting.

6. Emetic substances, when followed by vomiting, obviously excite some specific action in the absorbent system, by which its activity is increased. Examples of this mode of action must be familiar to the observation of every practitioner. Effusions, whether serous or purulent, often rapidly and completely disappear under the influence of this mode of treatment. Hence the efficacy of emetics in dropsical cases, which will not unfrequently yield entirely to this single remedy. In fact, nature herself may be said to suggest this treatment, since dropsy has often been known to yield to spontaneous vomiting. Emetics have been administered, with repeated and singular success, in both hydrothorax and ascites; and in hydrocele, in consequence of the remarkable sympathy which exists between the scrotum and the stomach, and of which many other examples might be given, they are eminently useful. It is in consequence of the peculiar effect produced by vomiting on the absorbent system, that the matter of extensive abscesses sometimes returns into the circulation, and this without having created any external outlet. To the same principle must, in all probability, be referred the wonderful influence exerted by emetic substances over local inflammation. Of the long list of inflammatory diseases described by nosologists, not one can be mentioned which has not been known to be alleviated or cured under the influence of this remedy; and it is in the most formidable of these—in inflammations of the lungs, the pleura, and the bowels—that this influ-

ence has been most frequently and most successfully exerted. We say this is probably to be referred to an influence exerted on the absorbent system; but since, in many of the cases where this relief is afforded, there exists considerable alteration of structure, without actual effusion, the development of some other influence seems to be necessary, in order to account for the effect produced; and accordingly it is explained by many on the principle of a revulsion, or a metastasis of action, from the affected organ to the skin; and this view of the subject is equally in accordance with the laws of pathology.

7. Another remarkable effect of vomiting, on the system, is its antispasmodic influence. There is no remedy which so constantly presents itself to the mind of the practitioner in cases of convulsion, and none, probably, which is so often employed with success. One reason for this, no doubt, is, that the affection of the nervous system so often arises from sympathy with a disordered state of stomach, and that the emetic, by removing the cause, also removes the effect. But in many cases, where this cause is not present, the good effects of emetics in unbending, as it were, the spastic action, do not fail to manifest themselves. In these cases, the relaxing influence of the preceding nausea contributes greatly to the general effect. Indeed, it is often curious to observe how, under this influence, the muscles of the face, chest, abdomen, and extremities, which had just before been strained up with every variety of contortion, are subdued into total inaction by the penetrating agent thus diffused through the system. In fine, nothing is more unequivocal than the antispasmodic influence exerted by this remedy under these circumstances. Whether the system, in this case, is affected by sympathy with a vital organ, or whether the influence, like that exerted over inflammation, is to be referred to a transfer of action, it is not easy to decide, or very important to determine. No simpler expression need be sought of the principle, since none is better suited to express the phenomena.

8. We have not adverted to the effect of emetics in simple fever, because this appears to us somewhat distinct from its other modes of operating, and therefore deserving of a separate consideration. This effect is so familiar, and so unequivocal, as to form the foundation of one of the most constant rules in practice; and the administration of an emetic, in simple fever, is almost as much a matter of course, as if the disease consisted in the presence of some foreign matter in the stomach, which it was necessary to dislodge. In view of the striking influence exerted by emetics in this disease, those who have attempted to assign to its proximate cause a local habitation, have nearly agreed in fixing its seat in the stomach or in the liver. By others, again, who adopt the Cullenian or spasmodic theory of fever, the effect of emetics in these cases is referred to its diaphoretic influence; and, taken in connection with this theory,

the explanation is sufficiently satisfactory. But, so long as the nature of fever continues to be a subject of dispute, it is obvious that the mode of operation of the remedy must partake of this uncertainty.

FOXGLOVE IN THE CURE OF CONSUMPTION.

Every physician knows that the same medicine produces very different, and often opposite, effects on the system, in large and small doses. Opium is a familiar example; ipecac. is another—in small doses being tonic, and emetic in large. Mercurials, too, are subject to the same remark, and it is to very recent observation we owe the knowledge of the fact, that the peculiar alterative effect of this article, and its greatest degree of influence over chronic disease, is obtained by the frequent administration of minute doses, from one eighth to one half a grain of blue pill, three or four times a day. By this mode of prescription, the celebrated Dr. Wilson Philip has been enabled to command severe diseases of the stomach, liver, brain, and other organs, which had been of long standing, and resisted the remedy in larger doses; he has been enabled thus to produce salivation in persons to whom larger doses had been given for a long time without affecting the salivary glands or the complaint for which it was prescribed.

An Irish surgeon has recently come out in defence of an old remedy in pulmonary consumption—the *digitalis purpurea*. He has ascertained, by patient trials, that foxglove, given in minute doses, and combined with the spirit of lavender, is capable of producing the following effects, in the cases of consumption, without the least disagreeable sensation in the stomach or any other organ:—

1, increased action of the kidneys;—2, reduction of the pulse;—3, absorption from the lungs;—4, mitigation and removal of cough;—5, improvement of appetite;—6, cessation of night sweats;—7, restoration of health. The combination with lavender prevents the inconvenience sometimes produced by the digitalis alone on the stomach and nervous system.

In those advanced stages of phthisis that are accompanied by colliquative diarrhœa and aphthæ, this remedy has not been tried by Dr. Wood; but he supposes, from his experience with it given in the foregoing manner, that it is capable of affording relief at as late, and perhaps a later period, than any other article in the materia medica.

HYSTERICAL AFFECTIONS OF THE KNEE.

The obstinacy with which many painful affections of the knee and other joints withstand treatment, after the primary inflammation has been sub-

dued by blistering and general depletion, has led to the belief that they may, in some cases at least, assume at such period a nervous character. On this supposition an English surgeon has tried, in a case reported in the Lancet, the efficacy of valerian, and found it eminently successful. The prescription was that of Sir Henry Halford—an infusion made by pouring boiling decoction of bark on the powdered root of valerian. Of this infusion ℥xi. mixed with ℥j. of the ammoniated tincture was administered to the abovementioned patient three times a-day.

MASSACHUSETTS MEDICAL SOCIETY.

The annual meeting of this large and most respectable society was held on Wednesday, the 6th instant, at the society's rooms at the Athenæum. The annual reports of the several officers, and of select committees, were read and accepted, and the affairs of the society appeared to be in a flourishing state. A memorial was received and read, from the Berkshire District Society, requesting such modification of the principles of the society, as shall ensure to the members, residing at a distance from Boston, more immediate benefit from the portion they contribute to the funds of the society. This memorial was referred to the Counsellors, who, it is to be hoped, will adopt some measures, if not to meet the demands of the gentlemen from Berkshire, at least to render the funds of the society more directly useful, if possible, to the distant members, and to remove any suspicions which may be entertained of an unjustifiable and impolitic monopoly of the honors or advantages of this ancient institution. The following gentlemen were chosen Counsellors for the ensuing year :—

For Suffolk—Drs. William Ingalls, John Dixwell, James Jackson, Benj. Shurtleff, John C. Warren, John Randall, Geo. C. Shattuck, John B. Brown, Walter Channing, Jacob Bigelow, George Hayward, Enoch Hale, jr., Solomon D. Townsend, John Ware, Zabdiel B. Adams, David Osgood, Edward Reynolds, John Homans.

For Essex—Drs. Richard Hazeltine, Abel L. Pierson, Andrew Nichols, Thomas Manning, Samuel Johnson, Joseph Kittredge, Jeremiah Spofford, Richard S. Spofford, E. L. Coffin, Calvin Briggs, J. G. Johnson.

For Middlesex—Drs. A. R. Thompson, Amos Bancroft, Calvin Thomas, Rufus Wyman, Thomas Bucklin, John Walton, Zadock Howe, William J. Walker, Timothy Wellington, J. C. Dalton, Ephraim Buck, J. Bartlett.

For Worcester—Drs. Stephen Bachelder, jr., John Green, Charles W. Wilder, Benj. F. Heywood, Edward Flint, Amos Parker, Geo. Willard, J. Stone.

For Hampshire—Drs. Joseph H. Flint, Alpheus F. Stone, Stephen W. Williams, Levi W. Humphreys, Job Clarke, Elisha Mather.

For Berkshire—Drs. Henry H. Childs, Robert Worthington, Wm. H. Tyler, Asa G. Welch, Alfred Perry, Hubbard Bartlett, R. Fowler.

For Norfolk—Drs. Amos Holbrook, Nathaniel Miller, John Bartlett, Robert Thaxter, Samuel Bugbee, Jeremy Stimson, Ebenezer Alden.

For Plymouth—Drs. Nathan Hayward, Hector Orr, Cushing Otis, Ezekiel Thaxter, Paul S. Nichols, N. Whitman.

For Bristol—Drs. Alexander Reed, A. Mackie, W. Witridge.

For Barnstable—Drs. Joseph Sampson, Aaron Cornish.

At a meeting of the Counsellors on Thursday, Dr. Bigelow, of Boston, was chosen to deliver the next annual address, and the following officers were chosen for the year :—

J. C. Warren, M.D., *President.*—J. Dixwell, M.D., *Vice President.*—G. Hayward, M.D., *Corresponding Secretary.*—E. Hale, jr., M.D., *Recording Secretary.*—W. Channing, M.D., *Treasurer.*—D. Osgood, M.D., Librarian.

CENSORS.

For the First District, and for the Society—Drs. Walter Channing, Geo. Hayward, Enoch Hale, jr., John Homans, W. J. Walker.

For the Second District—Drs. John Green, Benj. F. Heywood, Edward Flint, Charles W. Wilder, Gustavus D. Peck.

For the Third District—Drs. Joseph H. Flint, Elisha Mather, Atherton Clarke, Edward Dickinson, David Bemis.

For the Fourth District—Drs. Alfred Perry, William H. Tyler, Orren Wright, Robert Worthington, Asa G. Welch.

Papers on the Spotted Fever.—A correspondent desires a list of the papers on Spotted Fever, published in the early numbers of the New England Medical Journal. We give below a reference to all the articles that have appeared in that periodical on the subject in question :—

Vol. I., p. 151, A Letter from a Gentleman in Maine—207, A Short Notice of the Spotted Fever—228, Some Cases of Spotted Fever.—Vol. III., p. 166, Account of the Disease in Maine.

All the above are anonymous. Besides these, there appeared, in Vol. IV., p. 238, some remarks on this disease by Dr. Hazeltine, and in Vol. XIII., p. 23, a number of cases by Dr. Greene.

Whole number of deaths in Boston for the week ending June 8, 31. Males, 16—Females, 15.

Of convulsions, 1—measles, 4—unknown, 2—worms, 1—drowned, 1—infantile, 1—violence, 1—intemperance, 1—scarlet fever, 2—croup, 3—dropsy, 1—throat distemper, 1—old age, 2—consumption, 2—lung fever, 2—cancer in stomach, 1—epilepsy, 1—inflammation on the brain, 1—paralysis, 1—marasmus, 1—water on the brain, 1.

ADVERTISEMENTS.

PAXTON'S ANATOMY.

This day published by CARTER & HENDEE, corner of Washington and School Streets—An Introduction to the Study of Human Anatomy. By James Paxton, Member of the Royal College of Surgeons, &c. &c., with Illustrations. First American Edition, with additions, by Winslow Lewis, jr. M.D. Demonstrator of Anatomy to the Medical Department of Harvard University. June 4.

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